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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/26/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 7
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged

Examiner's Signature _____ Initials _____

ADDRESS
 34263
 O'MELVENY & MEYERS
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TITLE
 Devices and methods for cerebral perfusion augmentation

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

<p>RECEIVED 538</p>		<div data-bbox="1024 138 1466 184"> <input type="checkbox"/> 1.18 Fees (Issue) </div> <div data-bbox="1024 191 1466 237"> <input type="checkbox"/> Other _____ </div> <div data-bbox="1024 243 1466 289"> <input type="checkbox"/> Credit </div>
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